

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 2/19/14

Address: 243 W Main St

Incident #: 14ISPC001346

Butler IN

County: Dekalb

46721

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☒ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ One Pot or Birch Reaction(s): Garage
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): Garage
☒ Flammable Solvents: Coleman fuel/ Garage
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: Lye/ Garage
☐ Corrosive Base: _____
☐ Other (item and location): _____

Vehicle Information:

Owner:

Make:

VIN:

Model:

Year:

Child under age 18 discovered (check appropriate)

- ☒ Yes 3 (number present)
☐ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☒ disarray
☐ unclean

Estimated length of time manufacturing had been occurring: Weeks

Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County Butler City FD

Fax: emailed

Health Department County: Dekalb County Health Dept

Fax: emailed

Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr C Davis 8322

Phone 260-432-8661

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.